

# 2000 UNIFORM BUSINESS REPORT (UBR)

0588148

DOCUMENT # P25774

1. Entity Name

LOGISTICS MANAGEMENT SERVICES, INC.

FILED

00 FEB-21 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1776 ON-THE-GREEN  
67 PARK PLACE  
MORRISTOWN NJ 07690-7103

Mailing Address  
C/O PANALPINA, INC.  
1776 ON-THE-GREEN, 67 PARK PLACE  
MORRISTOWN NJ 07960  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 13-5548333  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ZACH, ROLAND  
C/O PANALPINA  
2100 N.W. 84TH AVE.  
MIAMI FL 33122

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALTORFER, ROLF 21 DOGWOOD DR BROOKSIDE NJ	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR Christian Ryser 1776 On-The-Green, 67 Park Place Morristown, NJ 07960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLATTNER, EDWARD W 1530 N. KEY BLVD. ROSSLYN VA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Walter Zurcher 1776 On-The-Green, 67 Park Place Morristown, NJ 07960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Zurcher 2/16/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-32E034 (9/99)

2



ACCOUNT NO. : 072100000032

REFERENCE : 566451 4331425

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 150.00

ORDER DATE : January 27, 2000

ORDER TIME : 2:44 PM

ORDER NO. : 566451-035

CUSTOMER NO: 4331425

CUSTOMER: Bryant Robinson, Esq  
Galland, Kharasch, Greenberg,  
1054 Thirty-first Street, N.w.  
Suite 200  
Washington, DC 20007

ANNUAL REPORT FILING

\*\*\*\*\*FILE FIRST \*\*\*\*\*

NAME: LOGISTICS MANAGEMENT SERVICES,  
INC.

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 FEB 18 PM 3:06

RECEIVED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ANGIE L. GLISAR

EXAMINER'S INITIALS: \_\_\_\_\_